

**U.S. DEPARTMENT OF HOMELAND SECURITY  
Customs and Border Protection (CBP)**

Approved OMB No. 1653-0010

**FAST Commercial Driver Application - MX**

**Please type or print**

<b>1a.</b> First time applicant <input type="checkbox"/> Renewal or Replacement <input type="checkbox"/> Address Change and Personal Information Update <input type="checkbox"/> Current Card # <input type="checkbox"/>	<b>1b.</b> Border crossings most frequently used
---	--

**SECTION A - PERSONAL INFORMATION**

<b>2.</b> Last/Paternal Name	<b>2a.</b> Maternal name	<b>3.</b> First name	<b>4.</b> Middle name (in full)
<b>5.</b> Other names used (e.g., maiden name, former name)	<b>Nickname</b>	<b>6. Gender</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>7. Date of birth</b> (ccyy/mm/dd)
<b>8. Place of birth</b> City		State	Country
<b>9. Citizenship (Check all that apply.)</b> Canadian citizen <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Mexican citizen <input type="checkbox"/> Other (Please specify) _____			<b>10. Residence</b> Canada <input type="checkbox"/> United States <input type="checkbox"/> Mexico <input type="checkbox"/>
<b>11. Proof of citizenship/residency/immigration status (Attach two copies of proof of citizenship, residency and drivers license.)</b> (ccyy/mm/dd)			
U.S. Alien Registration No. _____		(ccyy/mm/dd)	
Birth certificate No. _____	Passport No. _____	Country of issuance _____	(Expiration Date) _____
Citizenship card No. _____	Permanent resident document No. _____	(ccyy/mm/dd)	
Other <input type="checkbox"/> Type of document _____	No. _____	(Expiration Date) _____ (ccyy/mm/dd)	
Drivers license No. _____	Country of issuance _____	(Expiration Date) _____	
Mexico Gafete No. _____			

**SECTION B - ADDRESS HISTORY FOR THE LAST 5 YEARS**

<b>12.</b> Current address (ccyy/mm) <b>As of what date?</b>	<b>13.</b> Street Address, incl. Apt. No.	<b>14.</b> City	<b>15.</b> Colonia/Neighborhood
<b>16.</b> State	<b>17.</b> Postal/Zip code	<b>18.</b> Country	<b>19.</b> Home telephone
		<b>20.</b> Business telephone/Cell phone number Ext.	
<b>Mailing address if different from residential address</b>			
<b>21.</b> Street Address, incl. Apt. No.			<b>22.</b> City
<b>23.</b> Colonia/Neighborhood		<b>24.</b> State	<b>25.</b> Postal/Zip code
		<b>26.</b> Country	
<b>Previous residential addresses if current residence is less than five years (attach a separate sheet if necessary).</b>			
<b>27.</b> (ccyy/mm) <b>From:</b>	<b>28.</b> (ccyy/mm) <b>To:</b>	<b>29.</b> Street Address, incl. Apt. No.	
		<b>30.</b> Colonia/Neighborhood	<b>31.</b> State
		<b>32.</b> Postal/Zip code	<b>33.</b> Country
<b>34.</b> (ccyy/mm) <b>From:</b>	<b>35.</b> (ccyy/mm) <b>To:</b>	<b>36.</b> Street Address, incl. Apt. No.	
		<b>37.</b> Colonia/Neighborhood	<b>38.</b> State
		<b>39.</b> Postal/Zip code	<b>40.</b> Country
<b>41.</b> (ccyy/mm) <b>From:</b>	<b>42.</b> (ccyy/mm) <b>To:</b>	<b>43.</b> Street Address, incl. Apt. No.	
		<b>44.</b> Colonia/Neighborhood	<b>45.</b> State
		<b>46.</b> Postal/Zip code	<b>47.</b> Country

**Continued on reverse**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. The valid OMB control number for this Information Collection is 1653-0010. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

**SECTION C - EMPLOYMENT HISTORY FOR THE LAST 5 YEARS**

48. Current employer (ccyy/mm) <b>From:</b>		(ccyy/mm) <b>To:</b>		49. Employer's name	
50. Street Address, incl. Apt. No.				51. City	52. Colonia/Neighborhood
53. State	54. Postal/Zip code	55. Country		56. Telephone number Ext.	
57. Occupation					
Previous Employer name and address if current employer is less than five years (attach separate sheet if necessary).					
58. (ccyy/mm) <b>From:</b>		(ccyy/mm) <b>To:</b>		59. Employer's name	
60. Street Address, incl. Apt. No.	61. City	62. Colonia/Neighborhood		63. State	64. Postal/Zip code
65. Country					

**SECTION D - ADDITIONAL INFORMATION**

66. Have you ever been convicted of an offense in any country? \_\_\_\_\_ No Yes

What country were you convicted in? \_\_\_\_\_

Have you ever received a waiver of inadmissibility to the U.S. from the CBP (former USINS)? \_\_\_\_\_ No Yes

Have you ever been found in violation of customs or immigration laws? \_\_\_\_\_ No Yes

If you have answered YES, please give details; \_\_\_\_\_

**SECTION E - CERTIFICATION**

67. I certify that all information given on this application, and in support of this application, was provided voluntarily and is true and complete. I understand that any information on this application, including any supporting documentation, background information, and biometric data may be shared among Customs and Immigration authorities in both Mexico and the U.S. and among law enforcement and other government agencies in accordance with applicable laws. I certify that I have read, understood, and agree to abide by all conditions required for use of the FAST program, including all instructions and notices accompanying this application.

Applicant	Name (print)	Signature	Date (ccyy/mm/dd)
-----------	--------------	-----------	-------------------

**U.S. PRIVACY ACT STATEMENT**

The authority to collect the information on this application, any supporting documentation, fingerprints, and other requested information is contained in Titles 8 and 19 of the U.S. Code and corresponding regulations. Furnishing the information on this form is voluntary; however, failure to provide all the requested information may result in the delay of a final decision or denial of your application. The information collected will be used to make a determination on your application. It may also be provided to other government agencies (Federal, state, local, and/or foreign) as permitted under the Privacy Act of 1974, 5 U.S.C. § 552a (2002), and other applicable law. All applicants are subject to a check of criminal information databases and other immigration and customs databases in order to determine eligibility for this program.

**Send your Completed form and photocopies of the required documents to:**

FAST Commercial Driver Program  
Customs & Border Protection  
Box 371124  
Pittsburgh, PA 15251-7124

**For Expedited delivery service, please send to:**  
Customs and Border Protection  
Attn: 371124  
500 Ross St. 154-0640  
Pittsburgh, PA 15250

**FOR OFFICE USE ONLY**

68. The applicant has paid the application processing fee.	Application No.	FAST ID No.
--	-----------------	-------------

**SECTION F - FEE PAYMENT (non-refundable)**

69. **The fee for an applicant to the FAST program is \$50.00 US only**  
All credit card fees will be processed as U.S. funds

I am enclosing a certified check or money order payment      Visa      MasterCard  
Discover      ☒ American Express

**Once an application has been processed, absolutely no refunds will be granted. No exceptions.**

Card no.	Expiration Date	(ccyy/mm)	Card holder's name (please print)
			Card holder's signature